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PTO/SB/82 (09-04)  
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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/706,174
Filing Date	11/10/2003
First Named Inventor	Tien-Chih CHIEN
Art Unit	3723
Examiner Name	
Attorney Docket Number	

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☒ A Power of Attorney is submitted herewith.

**OR**

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

**OR**

<input type="checkbox"/> Firm or Individual Name	Leong C. LEI				
Address	PMB#1008, 1867 Ygnacio Valley Road				
City	Walnut Creek	State	CA	Zip	94598
Country	U.S.A.				
Telephone	905 812 9381		Fax	905 286 9781	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

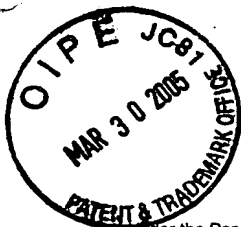
Signature	CHIEN, Tien-Chih		
Name	Tien-Chih CHIEN		
Date	March 16, 2005	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/706,174
Filing Date	11/10/2003
First Named Inventor	Tien-Chih CHIEN
Title	Clamping tool for connecting...
Art Unit	3723
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Leong C. LEI	50402

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Leong C. LEI				
Address	PMB#1008, 1867 Ygnacio Valley Road				
City	Walnut Creek	State	CA	Zip	94598
Country	U.S.A				
Telephone	905 812 9381	Fax	905 286 9781		

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	CHIEN, TIEN-CHIH	Date	March 16, 2005
Name	Tien-Chih CHIEN	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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